

COUNTY OF YORK



Stephen P. Kopczynski
Fire Chief

Department of
Fire and Life Safety

VIRGINIA

Dear Volunteer Applicant:

Thank you for your inquiry about membership as a volunteer for the York County Department of Fire and Life Safety. Enclosed you will find an application, "No Smoking" Pledge, and a Size Information Form. These forms, along with a current driving record, are required so that you can be considered for membership.

The York County Department of Fire and Life Safety is a combination department (volunteer and career) that responds to fires, emergency medical services incidents, hazardous materials emergencies, rescue situations, as well as an array of many other types of emergencies. The division is also responsible for other services such as prevention and certain community activities. Because of the physical demands involved in performing the respective duties in the department, certain physical/medical standards have to be met prior to and after volunteer membership.

I would like to personally invite you to apply for membership in our department. If you so desire, either mail the enclosed forms to our administrative office at the address below or personally bring them by our office at 301 Goodwin Neck Road. Interviews are held approximately twice a year. The number of new members is limited; applications will be considered based on current need, location of residency, and the order in which they are received until the class limit has been reached. Please be sure to return the completed forms and a driving record. These are necessary in order to process your application for an interview.

We look forward to hearing from you and are glad you are interested in becoming part of the York County Department of Fire and Life Safety.

Sincerely,

Stephen P. Kopczynski
Fire Chief

Enclosures



APPLICATION FOR VOLUNTEER MEMBERSHIP
COUNTY OF YORK DEPARTMENT OF FIRE AND LIFE SAFETY
DIVISION OF FIRE AND RESCUE

126 Ballard Street
Post Office Box 532
Yorktown, Virginia 23690
(757) 890-3600

Please Print

DIVISION OF INTEREST (Please Check One): Fire _____ EMS _____ Support _____

FULL LEGAL NAME: _____
Last First Middle Title

COMPLETE MAILING ADDRESS: _____
Street Apt #/PO Box
City State Zip

DAYTIME PHONE # _____ HOME PHONE # _____

LENGTH OF TIME AT CURRENT ADDRESS: _____ MONTHS _____ YEARS

IF YOU LIVE IN YORK COUNTY, WHAT AREA? Tabb Grafton Yorktown Seaford Skimino Bruton

PLEASE LIST ALL ADDRESSES WITHIN THE LAST THREE YEARS (IF CURRENT ADDRESS IS LESS):

Street	City	State	Zip
Street	City	State	Zip

ARE YOU AT LEAST 18 YEARS OF AGE? _____ Yes _____ No

HAVE YOU EVER BEEN CONVICTED OF CRIME, INCLUDING DRIVING UNDER THE INFLUENCE OF ALCOHOL, BUT EXCLUDING MINOR TRAFFIC VIOLATIONS? _____ Yes _____ No

IF SO, PLEASE EXPLAIN WHY?

Employment Information

PRESENT EMPLOYER: _____
Months Years

LENGTH OF SERVICE: _____ / _____ TITLE: _____

LIST ALL EMPLOYERS FOR LAST THREE YEARS (CONTINUE ON SEPARATE PAGE IF NECESSARY):

Name	City	State	(Area Code) Phone Number
Name	City	State	(Area Code) Phone Number
Name	City	State	(Area Code) Phone Number

EDUCATION INFORMATION

DO YOU HAVE A HIGH SCHOOL DIPLOMA _____ OR GED _____?

ARE YOU A COLLEGE GRADUATE? _____ Yes _____ No

IF SO: _____
Name of College Area of Study Type of Degree

HAVE YOU HAD PREVIOUS EXPERIENCE WITH ANY OTHER FIRE OR EMS ORGANIZATION? _____ Yes _____ No

IF SO, PLEASE LIST:

Name	City	State
Name	City	State
Name	City	State

LIST ANY CURRENT AFFILIATIONS: _____

CHECK ANY CURRENT CERTIFICATIONS HAVE YOU OBTAINED (ADD ANY NOT LISTED):

____ CPR ____ CPR INSTRUCTOR ____ EMT ____ EMT-ST ____ EMT INSTRUCTOR
____ EMT INSTRUCTOR ____ EVOC ____ EVOC INSTRUCTOR ____ VEH EXTRICATION
____ FIREFIGHTER I ____ II ____ III ____ FIREFIGHTER INSTRUCTOR

HOW DID YOU FIND OUT ABOUT OUR ORGANIZATION? ____ FRIEND ____ FIRE STATION
____ STAFF MEMBER ____ PAPER ____ RADIO ____ OTHER**REFERENCE INFORMATION**

PLEASE LIST THE NAME, ADDRESS, AND PHONE NUMBER OF THREE INDIVIDUALS THAT MAY BE CONTACTED AS A PERSONAL REFERENCE.

Name	Address	City	State	Phone Number
Name	Address	City	State	Phone Number
Name	Address	City	State	Phone Number

CERTIFICATION

I hereby certify that the information provided by me on this application and all *documents accompanying this application is true and accurate. I understand that falsifying any of this information is grounds for dismissal.

Date _____ Signature _____

*Authorization for Release of Information, No Smoking Pledge, Size Information, Physical Exam Form, Driving Record

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“NO SMOKING” PLEDGE

Dear Volunteer Applicant:

This document is considered to be official notification of the following conditions of volunteer status established for the York County Department of Fire and Life Safety.

STATEMENT:

Each volunteer shall, upon acceptance, cease and desist from smoking or using any tobacco products, including but not limited to cigarettes, cigars, pipes, chewing tobacco or snuff at any time on or off duty, and shall refrain from such during his or her entire tenure of membership with York County.

Your signature to this document verifies compliance to these conditions upon acceptance to the volunteer service. If these conditions are not met, your membership will no longer be active.

Signature: _____

Date: _____

SIZE INFORMATION FORM

Dear Applicant,

The information asked for on this form will be used to obtain a proper fit of the turnout gear and uniform you will be issued. Please be as accurate as possible in your measurements. Return this form with your application.

York County Fire and Rescue Service Volunteer Information

PLEASE PRINT CLEARLY

NAME: _____

SOCIAL SECURITY NUMBER: _____

HAT SIZE: _____

COLLAR SIZE: _____

CHEST SIZE: _____

ARM LENGTH: _____

WAIST SIZE: _____

HIP SIZE: _____

INSEAM: _____

SHOE SIZE: _____